



Bart L. Graham
Commissioner

State of Georgia
Department of Revenue

Denise Samuel
Director

Sales Tax Contracting Unit
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E-mail: TSD-sales-tax-contractors@dor.ga.gov
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**REQUEST FOR RELEASE OF RETAINAGE
(REQUEST FOR 214-5 OR 214-6)**

Date: _____

This form is ONLY to be submitted by the subcontractor:

This is to certify that retainage funds are being held in escrow on work performed by the named Sub-Contractor under the requirements of Section § 48-8-63 of the Official Code of Georgia Annotated:

1. Subcontractor's Name	
2. Subcontractor's Address	
3. Subcontractor's Sales & Use Tax Number (REQUIRED)	
4. Period Work was in Progress	
5. General Contractor's Name	
6. General Contractor's Address	

****Please note: If there is a liability on your account in excess of \$100.00,
A Retainage Release will not be sent out until the liability has been paid.**

Form can be sent to:

(Subcontractor's Contact Person)

Fax: (404) 417-4313

(Subcontractor's Phone)

Email: TSD-sales-tax-contractors@dor.ga.gov

(Subcontractor's Fax)

(Subcontractor's Email)